Benefits Summary Empire EPO Essential

For Groups with 2-50 Eligible Employees

Cost Sharing Options	Deductible	Coinsurance	Total OOP (Includes Deductible)
Option 1	$1,000 / $3,000	20%	$4,000 / $12,000
Option 2	$1,000 / $3,000	20%	$6,000 / $18,000
Option 3	$1,500 / $4,500	20%	$4,500 / $13,500
Option 4	$2,000 / $6,000	20%	$4,000 / $12,000
Option 5	$2,000 / $6,000	20%	$6,000 / $18,000
Option 6	$2,000 / $6,000	20%	$8,000 / $24,000
Option 7	$3,000 / $9,000	20%	$6,000 / $18,000
Option 8	$3,000 / $9,000	20%	$8,000 / $24,000
Option 9	$3,000 / $9,000	20%	$10,000 / $30,000
Option 10	$4,000 / $12,000	20%	$10,000 / $30,000

Benefit	In-Network[1]	Options
Lifetime Maximum	Unlimited	
Dependent Children (covered to the end of the month)	To age 26	Dependents through Age 29 (Covered to the end of the month of Dependent's 30th birthday. Dependent must live, work or reside in New York State and meet other eligibility requirements)
Covered Preventive Care[7]	**Member Pays**	**Options**
Covered Adult Preventive Care	$0	
Annual Physical Exam	$0	
Well-Child Care (to age 19; including covered immunizations)	$0	
Preventive Well-Woman Care	$0	
Home/Office/Outpatient Care[1]	**Member Pays[1,8]**	**Options**
Home/Office Visits copayment [8]	$30/$50	
Emergency Room/Facility	Cost sharing option selected	
Routine Maternity Care Initial Office visit	$30 for office visit, Deductible and 50% Coinsurance for Lab/x-ray, 50% coinsurance for other covered services	
Physician Global Fee (prenatal, delivery, postpartum)	Cost sharing option selected	
Ambulatory/Outpatient Surgery[3]	Cost sharing option selected	
Office Surgery	Cost sharing option selected	
Laboratory Tests[7]	Deductible and 50% Coinsurance	
X-rays[7]	Deductible and 50% Coinsurance	
Kidney Dialysis	Cost sharing option selected	
Presurgical Testing within 7 days of surgery	Cost sharing option selected	
Anesthesia when part of a covered surgery if rendered by doctor who is not the surgeon or surgeon's assistant.	Cost sharing option selected	
MRI[10] / MRA[10], PET[10], CAT Scan[10], Nuclear Cardiology[10]	Deductible and 50% Coinsurance	
Chemotherapy, Radiation Therapy	Cost sharing option selected	
Allergy Care[8] - Office - Testing - Treatment	 $30/$50 Deductible and 50% Coinsurance Deductible and 50% Coinsurance	
Home Health (up to 60 visits per calendar/plan year)	Cost sharing option selected (no deductible)	
Home Infusion Therapy	Cost sharing option selected	
Hospice Care (unlimited based on medical necessity)	Cost sharing option selected	

Infertility Services	$30/$50 Copay will apply to exam/evaluation; other covered services performed will be subject to 50% coinsurance.	
Cardiac Rehabilitation	Cost sharing option selected	
Short-Term Rehabilitative Therapies[8], Physical Therapy[3], Speech/Language[3], Occupational[3], Vision Therapies, (up to 30 visits per calendar/plan year combined in home, office or outpatient facility)	$50 Copay will apply to exam/evaluation; lab and x-rays apply deductible and 50% coinsurance; other covered services performed will be subject to 50% coinsurance.	
Chiropractic Care[5]	$30 Copay will apply to exam/evaluation; x-rays apply deductible and 50% coinsurance; other covered services performed will be subject to 50% coinsurance.	
Second Surgical Opinion	$30/$50 Copay will apply to exam/evaluation; lab and x-rays apply deductible and 50% coinsurance; other covered services performed will be subject to 50% coinsurance.	

Benefit	In-Network[1]	
Inpatient Care[3]	**Member Pays**	**Options**
Inpatient Hospital	Cost sharing option selected	
Surgery, Covered Surgical Assistant, Anesthesia	Cost sharing option selected	
Physical Therapy, Physical Medicine or Rehabilitation (up to 30 inpatient days per calendar/plan year)	Cost sharing option selected	
Skilled Nursing Facility (up to 90 days per calendar/plan year)	Cost sharing option selected	
Mental Health[4]	**Member Pays**	**Options**
Outpatient Visits in Office or Facility[4] (up to 20 outpatient visits per calendar/plan year)	$50 Copay will apply to exam/evaluation; other covered services performed will be subject to 50% coinsurance.	
Inpatient Care[4] (up to 30 inpatient days per calendar/plan year)	Cost sharing option selected	
Alcohol/Substance Abuse[4]	**Member Pays**	**Options**
Outpatient Visits (up to 60 outpatient visits, which include 20 family counseling visits per calendar/plan year)	Cost sharing option selected will apply to exam/evaluation; other covered services performed will be subject 50% coinsurance.	
Inpatient Detoxification (up to 7 days detox per calendar/plan year)	Cost sharing option selected	
Inpatient Rehabilitation	Rider available subject to Inpatient cost sharing option selected	Up to 30 days per calendar/plan year

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Other	Member Pays	Options
Medical Supplies	Deductible and 50% Coinsurance	
Durable Medical Equipment[2] – Only DME required for treatment of diabetes is covered, all other DME is excluded	Deductible and 50% coinsurance for diabetes only.	
Prosthetics and Orthotics[2]-Prosthetics excluded except for Breast prosthesis after mastectomy. All other Prosthetics and all Orthotics are excluded	Deductible and 50% coinsurance for breast prosthesis after mastectomy.	
Ambulance (Air Ambulance)	Cost sharing option selected	
Reimbursement for Gym Membership[11] $400 annual reimbursement per contract; 50 visits required semi annually. Reimbursed $200 for the first 6 months and $200 for the second 6 months.		
Prescription Drugs[6]		Retail Program: (Tier 1/Tier 2/Tier 3) 1) $10/$35/$70; Deductible options: $50, $100 with Preferred Generic[9] 2) $15 Generic only, no deductible – 50% coverage for mandated brands (Tier 1 Only) Mail Service: Options 1: Drug deductible is waived for mail order. Options 1-2: Prescriptions filled through mail order only require two copayments for a three-month supply.
Blue View Vision℠ – 1 eye exam every 24 months	$15 In-network Copay; $40 Out-of-Network Allowance	To find a participating provider, visit *find a provider* on empireblue.com and search on *Blue View Vision*

[1] *A network provider must deliver all care, except in emergencies. The in-network office copayment applies to examinations and evaluations only. Other services performed during office visits may be subject to in-network deductible and coinsurance. There is no out-of-network coverage for this product.*

[2] *For services received from an in-network provider, the provider must precertify services or services may be denied. In-network providers cannot bill members except for copayments or coinsurance for Covered Services*

[3] *You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for proposed cosmetic surgery, an excluded benefit except when medically necessary.*

[4] *Precertification is required by Empire's Behavioral Healthcare Management Program.*

[5] *After a member's fifth visit in a contract year, Empire's network provider must obtain authorization for clinical/medical necessity for in-network services, or services may be denied: Empire network providers cannot bill members except for copayments or coinsurance for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO outside of Empire's network area.*

[6] *Prescription Option 1 listed on this Benefits Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.*

[7] *The following benefits, if provided in-network for preventive care, are not subject to copayment, mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations, well woman preventive gynecological examinations, well child care. Certain preventive benefits are subject to age and/or frequency limits. Consult policy for complete details.*

[8] *The following practitioners receive the primary copayment for services provided in office: Patient's PCP, including family practitioners, general practitioners, internists, pediatricians, geriatricians; obstetrics, gynecologists, certified nurse midwives, chiropractors, and physical, occupational, speech and vision therapists. The specialist copayment applies to all other specialists when a copayment is required, and for services received in an outpatient facility for physical and other speech, language, occupational, vision therapy.*

[9] *You may request, or your physician may order, the brand name drug. However, if a generic drug is available, you will be responsible for the difference in price between Empire's cost of the generic drug and Empire's cost of the brand name drug, in addition to the applicable tiered Copayment amount of the generic drug, as listed on the attached Schedule of Benefits.*

[10] *For services received from an Empire network provider, the provider must precertify services or services may be denied. Empire's network providers cannot bill members except for copayments or coinsurance for Covered Services. Outside Empire's local operating area, you are not required to obtain precertification from Empire's Medical Management Program for non-emergency services from BlueCard® PPO Program providers.*

[11] *You must submit a receipt to show that you have paid in full for the fitness club or exercise center membership. Reimbursement payments will be issued twice annually each contract year. Covered Members are required to exercise at the club or center no less than fifty (50) visits during each six (6) month period of the contract year. If the fitness club or exercise center does not provide proof written of member visits, a logbook will be provided to the Covered Member. The Covered Member can request that the fitness club or exercise center representative sign the logbook to satisfy the visit requirement. See our website or your membership materials for the mailing address and further directions on how to request reimbursement.*

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions and limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.